APPENDIX A

Workplace Reporting of COVID-19 Outbreak Information Collection Form

This form is to collect information for three or more employees that have a positive COVID-19 test result within 14 calendar days, as well as additional cases that occur after the outbreak is reported. The information on this form will need to be reported in the electronic Workplace Reporting portal at: http://www.icphd.org/health-information-and-resources/healthy-facts/covid-19/guidance-and-resources/businesses-&-employers/
For more information, visit the Public Health Department website at www.icphd.org or call (442) 265-1378.

☐ CHECK THIS BOX IF THESE ARE CASE(S) ASSOCIATED WITH A PREVIOUSLY REPORTED OUTBREAK IN THE PAST 14 DAYS.

FACILITY INFORMATION	
Facility Name:	Industry type:
Facility Address:	
Point of Contact:	
Point of Contact Phone #:	
Point of Contact Email:	

CONFIRMED COVID-19 CASE INFORMATION	
CASE #1 ☐ Employee ☐ Other_____	
Name:	DOB:
Address:	Gender:
Last Day of Work:	Phone:
Job Description:	
Work Area/Location Within Facility:	NAICS Code:
Work Schedule/Shift:	
Symptoms at the time: ☐ No ☐ Yes: _____	
First Day of Symptoms:	Test Result Date:
Testing Facility or Provider Information (Name and Phone Number):	

CASE #2

□ Employee □ Other_____

Name:	DOB:
Address:	Gender:
Last Day of Work:	Phone:
Job Description:	
Work Area/Location Within Facility:	NAICS Code:
Work Schedule/Shift:	
Symptoms at the time: □ No □ Yes: _____	
First Day of Symptoms:	Test Result Date:
Testing Facility or Provider Information (Name and Phone Number):	

CASE #3

□ Employee □ Other_____

Name:	DOB:
Address:	Gender:
Last Day of Work:	Phone:
Job Description:	
Work Area/Location Within Facility:	NAICS Code:
Work Schedule/Shift:	
Symptoms at the time: □ No □ Yes: _____	
First Day of Symptoms:	Test Result Date:
Testing Facility or Provider Information (Name and Phone Number):	

Additional CONFIRMED COVID-19 CASE INFORMATION
Are there other confirmed cases in the past 14 calendar days? □ No □ Yes If yes, how many _____. Please complete **Exposure Line List (Appendix B).**

COVID-19 EXPOSURE
Did reported COVID-19 Cases expose others in the facility: □ Yes □ No, end form.
Will you be reporting more than 6 individual exposures? □ Yes (Please send Appendix B – Exposure Line List to by email to phepireport@co.imperial.ca.us or fax to 442-265-1477.) □ No, complete form electronically through the portal for up to nine individuals who may have been exposed to the case.

LIST OF EXPOSED				
Name of Person Exposed		**DOB**	**Occupation / Shift / Days Worked**	**Exposed to Case #**
1				
2				
3				
4				
5				
6				